Overview

- Northside Hospital Cancer Institute
- Evolution of Patient Navigation Program
  - Team
  - Software system
  - Metrics
- Integration of RQRS & Patient Navigation
- Next steps
Northside Hospital is a non-academic, *community based* hospital system with a comprehensive cancer program that incorporates medical, surgical, and radiation oncology under a single administrative, financial, and medical structure.

**Mission:** *To provide high quality, compassionate cancer care with value and innovation*
Northside Hospital

- Three (3) acute care community hospitals
- Sixty-six (66) medical office buildings and outpatient sites in the Atlanta area
- Service area covers thirteen (13) counties, with ~3 million residents
- Over 8,800 Employees
- ~822 Beds
- Medical staff of 2,600 physicians
3,829 Analytic Cancer Cases – 2011
- 36% Breast Cancer
- 10% Prostate
- 10% GYN
- 7% Lung
- 5% Colorectal
National Cancer Institute (NCI) *Community* Cancer Centers Program (NCCCP) is an elite group of 21 *community* cancer centers selected to serve as a national network offering expanded research and state-of-the-art cancer care.

- **Goals of the NCCCP**
  - **Enhance Access to Care**
    - 85% of cancer patients get their care in communities where they live
  - **Improve Quality of Care**
    - Manage a patient care solution, not just the therapy
  - **Expand Research**
    - Creating new knowledge and technology faster than ever before
Program Evolution

- 1997 – Patient navigation initiated to support Breast Program
- 2008 – Added American Cancer Society Navigator
- 2010 – Added disease site and disparities navigators as part of our NCCCP initiatives
**Mission:** To guide patients, families and caregivers to informed decision making; collaborate with multidisciplinary teams to help overcome health system barriers; and facilitate timely cancer care across the continuum

**Vision:** Every Northside Hospital Cancer Institute patient, family and caregiver have access to navigation services throughout the cancer continuum
Navigation Team

- Disease Site Navigators
  - Breast
  - Gyn Oncology
  - Lung
  - GI/GU
  - Leukemia/BMT
  - Melanoma

- Disparities Nurse Navigator

- ACS Resource Navigator
Patient Navigation Program

Orientation

- Patient Navigation Modules
- Oncology Nursing Society site-specific courses
- National Cancer Institute clinical trials course
- American Cancer Society smoking cessation course
- Attend cancer conferences
- Clinical orientation
Patient Navigation Algorithm
from Diagnosis Through Surgery

Pre-op call (Patient Initiated)
- Pre-op experience
- PSA call/additional tests
- What to bring/pack
- Where to go
- Surgical Timeline
- Support person experience
- Caring Bridge
- Care Pages
- Post-op experience
- Dressing/drains/monitoring
- Visitor/phone/privacy control

Path Report sent from Breast Imaging Center to Nurse Navigator

Breast Nurse Navigator makes pathology call to Patient

Pre-op Call (to follow surgeon Visit)

Post-Op Hospital Visit

Post-op Call to Patient

Patient Initiated Calls

Treatment Summary Survivorship Care Plan

RQRS Navigation Piece

Path call/introduction
- Confirm receipt of path results from MD
- Program introduction
- Permission to send educational material
- Clinical questions answered or referred to physician
- Identification of navigation needs
- Importance of obtaining copies of path/imaging, etc.
- Beyond the diagnosis class

Hospital visit
- Introduce navigator and program
- Education materials
- Plan for future contact

Post-op call
- Pain, drains
- MD visit/plan
- Plan for future navigation
Patient Navigation Program

- Thoracic Nurse Navigator
- Disparities Nurse & ACS Navigator
- Palliative Care Nurse Practitioner
- Oncology Social Worker
Patient Navigation Program

Navigation Software Implementation

- Conducted a needs assessment
- Evaluated vendors and made selection
- Purchased Morissey Concurrent Care Manager (MCCM)
- Tailored system
- Implemented with metrics and reporting
Patient Navigation Program

Benefits of Navigation Software System

- **System tailored** to Navigation Program
  - Reports created
  - Fields added for metrics
- Department-wide use enhances **continuity of care**
- **Referrals** are made through the system to other Northside Hospital resources
  - Behavioral Health
  - Palliative Care and Hospice
  - ACS Navigator
  - Genetic Counseling
- **Reminders** can be scheduled and tracked using work lists
- **Metrics** can be reported real-time
- Patient hospital registration **interface**
- **Images** are able to be uploaded, such as pathology and genetic testing reports
Example of Metrics

- Navigation volumes by disease site
- Number of referrals to resources
  - Financial resources
  - Navigation
  - Genetic counseling
  - Clinical research
- Calls within 10 days of biopsy
- Barriers identified
- Patient Satisfaction
Patient Navigation Program

Fiscal Year

Breast Cancer
Melanoma
GYN / ONC
Lung
GI
GU

900
1597
77% increase

Patients navigated
FY11 FY12

Fiscal Year
American Cancer Society (ACS) Grant: Reducing Breast Cancer Disparities through a Multi-level Intervention Utilizing the Rapid Quality Reporting System (RQRS) and Patient Navigation

- Partnership between Northside Hospital and the Winship Cancer Institute of Emory University
- Grant Funding Period: May 1, 2011 – May 1, 2012
Patient Navigation Program

Collaboration Between NCCCP Site and NCI Designated Cancer Center

<table>
<thead>
<tr>
<th>Northside Hospital Cancer Institute (NCCCP)</th>
<th>Emory University Winship Cancer Institute (NCI Designated Center)</th>
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</thead>
<tbody>
<tr>
<td>▪ Established RQRS (beta test site, dedicated staff)</td>
<td>▪ Experienced Investigators</td>
</tr>
<tr>
<td>▪ Navigation Program</td>
<td>▪ Grant Development</td>
</tr>
<tr>
<td>▪ Project Coordination</td>
<td>▪ Study Design</td>
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<tr>
<td>▪ Access to High Volume of Breast Cancer Patients (&gt;1200 per year)</td>
<td>▪ Data Analysis</td>
</tr>
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</table>
1. Achieve 95% compliance in all three RQRS breast cancer measures
2. Evaluate feasibility of implementing RQRS/Navigation model in other settings
3. Evaluate provider and staff satisfaction
<table>
<thead>
<tr>
<th>Measure:</th>
<th>Alert Color - Based on the # of Days until Expected Administration of non-Surgical Therapy:</th>
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<tbody>
<tr>
<td>Radiation therapy is administered within 1 year (365 days) of diagnosis for women under age 70 receiving breast conserving surgery for breast cancer</td>
<td>≥241, 240-181, 180-91, ≤90</td>
</tr>
<tr>
<td>Combination chemotherapy is considered or administered within 4 months (120 days) of diagnosis for women under age 70 with AJCC T1cN0M0, or Stage II or III hormone receptor negative breast cancer.</td>
<td>≥91, 90-61, 60-31, ≤30</td>
</tr>
<tr>
<td>Tamoxifen or third generation aromatase inhibitor is considered or administered within 1 year (365 days) of diagnosis for women with AJCC T1cN0M0, or Stage II or III hormone receptor positive breast cancer.</td>
<td>≥211, 210-151, 150-76, ≤75</td>
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</table>
Patient Navigation Program

Registry Receives
RQRS Alerts &
Reviews for Accuracy

Non-Concordant
and at-risk
Cases Referred to
Navigator Monthly

Navigator
Communicates
with MD Offices and patients to
Address Barriers
to Treatment

Registry
Resubmits
RQRS Data
Monthly

Navigator
Relays
Treatment Data
to Registry
**Navigator Communicates** with MD Offices and patients to Address Barriers to Treatment

- Educated Physicians
- Developed data dictionary and coding system

### Navigator Intervention: 12

#### Patient Communication (8 cases)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Count</th>
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<tbody>
<tr>
<td>110</td>
<td>Introduced pt to navigation services</td>
<td>6</td>
</tr>
<tr>
<td>120</td>
<td>Educated pt on follow up care</td>
<td>6</td>
</tr>
<tr>
<td>130</td>
<td>Referral to site specific navigator</td>
<td>0</td>
</tr>
<tr>
<td>140</td>
<td>Referral to disparities/ACS navigator</td>
<td>0</td>
</tr>
<tr>
<td>150</td>
<td>Referral to Cancer Support Community</td>
<td>0</td>
</tr>
<tr>
<td>160</td>
<td>Facilitated pt appointment</td>
<td>0</td>
</tr>
<tr>
<td>199</td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>340</td>
<td>Unable to make contact; no info</td>
<td>2</td>
</tr>
</tbody>
</table>

### Navigation Communication Code:

- 440- Physician notified
- 450- Phone call to physician office to obtain info: 10
- 460- Review pt chart at physician office
Patient Navigation Program

- **Cases Referred to Navigator Monthly**
  - All non-concordant cases
  - At-risk patients (red, orange, yellow alert cases)
    - Uninsured
    - Mastectomy who will not receive chemotherapy but need hormonal therapy
    - Lumpectomy who have partial breast irradiation and need hormonal therapy
    - Patients who reside in rural counties

RQRS Reason for Referral to Navigator:
- 510 - No treatment information available after research by Registry
- 520 – Patient is seeing an oncologist, but documentation unavailable regarding recommendation of therapy
- 530 – Treatment has been recommended, but is not on target to be delivered in a timely manner
- 535 – Prescription given for hormonal therapy, but navigator contact required to know if patient is compliant.
- 540 – Patient did not return to follow up appointments after treatment recommendation
RQRS Navigation Case Studies:

- **Non-compliance with follow-up care** – Patient had not returned to her medical oncologist in over 6 months.

- **Financial issues** – A patient needed hormonal therapy but had not started due to cost of the co-pay.

- **Non-compliance for Hormone Therapy** – Contact with physician office revealed that patient should have been prescribed HT but had not.

- **Follow-up surveillance** – Patient missed 6 month follow-up with physician and also 6 month mammogram.
Objective #1:
Achieve 95% compliance with RQRS breast cancer measures

% Compliance

- May-July 2011: 94.4, 97.4, 92.3
- Aug-Oct 2011: 96.7, 92.5
- Nov-Jan 2012: 96.7, 93.3, 90.9
- Feb-Apr 2012: 96.3, 91.1, 75
- OVERALL AVERAGE: 96, 93.5, 92.3

Legend:
- RT
- HT
- MAC
Objective #2:
Evaluate feasibility of implementing RQRS/Navigation model in other settings

- 72% of survey respondents rated model as “highly feasible”
- Successful implementation of the model will require:
  - Sufficient staffing & resources (registry, navigation)
  - Change management
    - New processes / procedures
    - Culture shift for staff (registry and navigation)
  - Buy-in from stakeholders (physicians, office staff, hospital staff)
Objective #3:

Evaluate satisfaction with RQRS/Navigation model

- 70% of survey respondents rated satisfaction level as “high” with results of study

- Benefits of RQRS / Navigation Integration:
  - Promotes real time adherence to quality measures
  - Integrates data expertise with clinical expertise
  - Improves communication between registry, navigators, providers, and patients
  - Targets use of navigation resources
  - Potential to enhance patient and physician satisfaction
  - Supports Integrated Model of Care to enhance quality of cancer care
Next Steps

- Continue to incorporate RQRS/Navigation model into daily operations and identify additional research opportunities
- Conduct a Community Needs Assessment in 2013
  - Patient Survey
  - Physician Survey
- Continue to track metrics and make process improvements
- Expand navigation program to other disease sites and incorporate lay navigators
Thank you!